

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

43821

State File No.

Registrar's No.

2594

FILED DEC 22 1947

Registration District No.

Primary Registration District No.

6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 7215 Pasadena
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME BERTHA JAMES

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 6 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	2	10	_____ hr. _____ min.

9. Birthplace New London Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Saleslady

11. Industry or business Famous-Barr Co.

12. Name John W. James

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah F. Grigg

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant John D. James

(b) Address 1012 W. Kirkham Ave.

17. (a) Removal (Mtr.) (b) Date thereof 12-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New London, Mo.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) 12-16-47 (b) Benjamin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ST. LOUIS
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 7215 Pasadena
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1947 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above. Duration
Immediate cause of death Self-inflicted
incised wounds of neck, arms and
abdomen, resulting in hemorrhage.

Due to _____
Due to 1642

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy same
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Dec. 16, 1947.
(c) Where did injury occur? Normandy, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home Incised
(Specify type of place) wounds & hemorrhage
While at work? _____ (e) Means of injury _____
23. Signature Donald J. Williams Address Clayton, Mo. Date signed 12/17/47

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

JAN 7 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)-

If this body is not embalmed, fact should be so stated above.